

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NUR		08-30-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	BS	3C3-880	10-02-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 -+ ..... Restricted O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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026  
10/22/01